

THE MEDICAL AND SURGICAL REPORTER.

No. 801.]

PHILADELPHIA, JULY 6, 1872. [Vol. XXVII.—No. 1.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

GYNÆCOLOGICAL NOTES.

By T. J. HUTTON, M. D.,

Resident Physician, Long Island College Hospital,
Brooklyn, New York.

The following cases, representing a department seldom touched in clinical reports, may not be lacking in interest. They occurred in the hospital practice of Prof. ALEXANDER J. SKENE, include amputations of the cervix uteri, and operations for ruptured perineum; and are quoted from the clinical record as originally noted.

AMPUTATIONS OF CERVIX UTERI.

CASE I.—Jane M.—, æt 40, Ireland, housekeeper, admitted to hospital May 24, 1871. Diagnosis: scirrhus of cervix uteri. History; married fifteen years, and has had four children; last three years ago. Enjoyed good health until one year ago, when menstruation became deranged; pelvic uneasiness and debility ensued. Symptoms: constitutional debility, and pelvic pain, and slight discharge of ichoro-sanguineous character. Physical signs: cervix indurated and ulcerated; tenderness of parts. Treatment: on day of admission patient was anesthetized by ether, and the diseased and suspected tissues removed by the galvanocautery; no hemorrhage.

May 25. Patient suffers slight nausea and depression from use of anæsthetic, but no pain.

May 28. Feeling comfortable; appetite pretty good; slight sero-purulent discharge from vagina; ordered the vagina syringed twice daily, with weak carbolized water.

June 8. Stamp almost completely healed; patient left hospital.

July 17. Comes to report that her health is excellent.

CASE II.—Mary J. S.—, æt 40, Ireland, domestic, widow, admitted June 19, 1871. Diagnosis: ulcerating epithelioma of the cervix uteri. History: married at 30; gave birth to a child five years ago; soon after began to suffer pain in side and pelvis; also a profuse ichoro-sanguineous discharge from vagina. Symptoms: pain in side, back and pelvis; also profuse discharge, at times assuming the character of metrorrhagia, and extremely prostrating to patient. Physical signs: corroding ulcer, chiefly on left side of the cervix: base of latter markedly indurated. Treatment: scarifications of os, and astringent injections were resorted to without any benefit.

July 18. The indurated portion of cervix was pierced or transfixed by six caustic arrows, patient being anesthetized.

July 25. Slough came away, but did not remove all the indurated portion; has removed all the diseased tissue.

July 31. Healthy granulations progressing; tepid water injections used thrice daily.

Aug. 8. Patient left hospital feeling comfortable.

Oct. 12. Returned to report herself in excellent health.

CASE III.—Catherine S.—, æt. 26, Ireland, housekeeper, admitted January 1, 1872. Diagnosis: Elongation of cervix uteri, and prolapsus in second degree. History: patient has been married nine years; no children: no miscarriages; health has been failing during last three years; has been

under treatment most of the time for prolapsus, but getting worse instead of better. Symptoms: nervous system markedly disturbed; sleeplessness, pelvic and abdominal pain, hysteria and despondency are present—nutritive system: coated tongue, dyspepsia, constipation—urinary organs: irritable bladder, difficult and painful micturition; menstruation painful and scanty; recurs every three weeks; duration, two or three days. Physical signs: enlarged cervix, uterus prolapsed, and tenderness of the parts. Treatment: cervix amputated by scissors and forceps, patient anesthetized, and lying on left side; Sim's speculum being used; mucous membrane of cervix drawn together on either side of os by two silver sutures.

Jan. 2. Slight hemorrhage, arrested by cotton wad saturated with astringent; patient recovered from anæsthetic without nausea or depression; vagina cleansed daily by tepid injections.

Jan. 22. Left hospital, feeling strong and hearty.

April 3. Returns to report perfect health; has menstruated three times without pain.

CASE IV.—Catharine D.—, æt. 38, United States, housekeeper, admitted March 25, 1872. Diagnosis: hypertrophy of cervix. History: during last labor, six years ago, perineum ruptured, after which uterus began to descend, and, doubtless, hypertrophy of cervix resulted from friction. Symptoms: great pelvic tenesmus; bearing down pain and dragging sensation; general debility; repugnance to society; dementia. Physical signs: complete procidentia; cervix enlarged to four times its normal size. Treatment: the lower third of cervix was removed by scissors and tenaculum (March 26), under an anæsthetic, and (March 29) showing no tendency to form healthy granulations, another portion was removed.

April 16. Stump almost healed up; was operated on to-day to restore perineum.

CASE V.—Bridget W.—, æt. 29, Ireland, housekeeper, admitted April 29, 1872. Diagnosis: hypertrophy of cervix uteri. History: patient has been married fourteen years; four children; last four years ago; menses always regular and painless; for nearly three years patient has suffered from a sense of dragging in the pelvis, also pain in back and side, and profuse leucorrhœa. Symptoms: as above stated, exaggerated; general debility; emaciation and dementia. Physical signs: uterus slightly prolapsed;

cervix enlarged and conical; great tenderness of the parts. Treatment: the vaginal portion of uterus was amputated by scissors, and edges of mucous membrane, lateral to os, approximated by sutures.

May 7. Sutures were removed; primary union almost throughout.

May 15. Left hospital, feeling quite free from pain.

June 15. Reports herself in the best of health.

CASE VI.—Elizabeth E.—, æt. 37, United States, housekeeper, admitted May 13, 1872. Diagnosis: hypertrophy of cervix. History: married twelve years; has had four children; last, five years ago; for nearly four years has suffered from the whole list of pelvic troubles, pain, dragging, constipation, and painful menstruation. Physical signs: greatly indurated and enlarged cervix, and slight prolapsus. Treatment: amputated by scissors; edges approximated by sutures.

May 20. Sutures removed; stump almost healed.

May 28. Left hospital, improved in general health, and no pain or tenderness.

MALE CATHETERISM.

BY F. K. BAILEY, M. D.,

Of Knoxville, Tennessee.

Among the "accidents" to which man is liable, retention of urine is comparatively rare. When we consider how easily the outward passage of the urine may be obstructed, the infrequency of such a contingency is surprising.

A happy exemption it is, for nothing is more distressing to endure, or more certainly fatal, unless promptly relieved.

Directions, more or less in detail, are given in the standard works on Surgery, and, to the casual reader, nothing could seem more easy of accomplishment than the passage of a catheter.

While a medical student at the Castleton (Vermont) Medical College, in 1836, Professor J. H. Armsby gave the class an opportunity to practice upon the cadaver, and quite a proportion failed to reach the bladder. The first difficulty was to pass over the arch of the pubis. The catheter encountered folds in the mucous membrane, which acted as an impediment, even before reaching the arch.

The instructions given by the Professor

were to put the penis upon a stretch, so as to give a directness to the tube. This was not only enforced upon the first introduction of the catheter, but also after it had passed the arch of the pubis. The tendency to "telescoping" obtained through the whole canal, and it was by observing the caution above mentioned that I was one of the successful pioneers in that trial.

In all subsequent cases coming under my care the same rule has been strictly observed, and its importance appreciated. Especially in old men do we find it important to remember how spongy and loose the whole parts are. In the summer of 1870 I was called to see an old negro, who was suffering from retention of urine from the recurrence of an old difficulty, which he had been told was stricture. I was informed that he had not passed water for many hours, and that two or three physicians had tried, during the day, to relieve him, but without success.

There was considerable hemorrhage, and some soreness in the organ. I found no difficulty in passing the pubis, but just before reaching the bladder there was an obstruction. The least degree of force applied caused severe pain and profuse hemorrhage. There was enlarged prostate, but the impediment was encountered before reaching that gland, and it appeared to be simply folds in the mucous coat; the flow of blood might have been from a wounding of the membrane by the point of the catheter.

I desisted for a while, and then after passing the arch, and before reaching the point of resistance, I grasped the penis firmly in my hand, and pulled upon it as strongly as practicable without actually tearing it off. While thus upon a stretch, the catheter was slowly and cautiously pushed along, and, after meeting with some resistance at the prostate, it entered the bladder.

I repeated the operation occasionally for a week afterwards, and was obliged to make the same traction in order to succeed.

The following case I will introduce, as perhaps illustrative of some of the above remarks.

March 8th, 1871.—J. M., *et.* 52, in good general health, while riding to Knoxville yesterday, from his home, eleven miles distant, stopped by the roadside, when about half-way to the city, to urinate. He was unable to pass any urine, and was in a good

deal of pain. At this juncture a physician happened to come along, who, seeing the condition of the old gentleman, proceeded to introduce a catheter, but was unable to pass it into the bladder. After some effort, which, as stated by the sufferer, caused blood to flow, he desisted, and advised him to proceed to town.

On his arrival he sent for Dr. J. M. Boyd, who, after an hour or more of effort, succeeded in the introduction of a catheter. About a quart of urine was removed, and great relief followed. To-day, at 1 P. M., Dr. Boyd made another effort to introduce the catheter, but without success. At 4 o'clock I was requested to visit the patient in consultation.

It appeared that one or more "pockets" had been formed, from which blood poured freely, and into which the catheter would seem to pass as it was introduced.

Dr. Kennedy, partner of Dr. Boyd, was in attendance, and we all alternated in efforts to introduce the instrument. At length Dr. Boyd succeeded, having, as it appeared, dodged the lateral sinuses. The instrument was then allowed to remain, and secured properly.

The patient, in consequence of extreme age, was necessarily much prostrated, and soon began to fall. On examination, the prostate gland was found enlarged to the size of a goose egg.

The instrument was not withdrawn until the 12th. But little difficulty was found in introducing it afterwards, but the patient soon began to fall in strength, and died in less than a week after reaching town.

May 4th, 1872.

CASE OF A HEART COVERED WITH A SHELL OF BONE.

BY DR. NORMAN GAY,

Of Columbus, Ohio.

(Read before the Ohio State Medical Society, June 12, 1872.)

Mr. A., *et.* 28 years, came into the Hospital of the Ohio Penitentiary, February, 1871, stating that he had liver complaint, and that he had been under treatment eight or nine years before he came to the Penitentiary, for disease of the liver.

On examination we found the lower margin of the liver on the right side five inches below the ribs. He had the appearance of a case of fatty degeneration of the liver.

After some months we found he had tubercular disease of the left lung. Dropsy came on in abdomen and lower extremities. He was relieved from time to time by the usual remedies, but the effusion soon returned, and he died from exhaustion on March 17th, 1873.

Post-mortem by Dr. CLARK, Superintendent of the Ohio Penitentiary Hospital: The liver near twice its usual size, and a well-marked specimen of what is known as a fatty degeneration of liver. There were also large masses of tuberculous deposit in different points, which, I should judge, were of subsequent date to the fatty disease, and had been deposited since his confinement in prison. The other viscera of the abdomen were quite healthy.

The left lung was filled with tubercular deposit, with a large abscess and adhesion of pleura.

The muscular system was in good condition, well developed and good color, much better than I expected to see in one who had been so long sick.

In continuing our examination of the chest, we found an unusual heart which I now show you.

The bone covering the anterior and part of the posterior surface of the heart measures transversely $4\frac{1}{2}$ inches, vertically $5\frac{1}{2}$ inches, extending over the apex and upon posterior surface $1\frac{1}{2}$ inches, and in many parts an eighth of an inch in thickness and very firm. On the line opposite where the two ventricles are attached the bone is quite thin anteriorly and posteriorly.

From examination of where it is sawed into, I should judge the bone was developed in the posterior layer of the pericardium, but as we get to the posterior part of the heart, we find no appearance of pericardium. From its appearance I should judge this was congenital, and not a transformation of the pericardium.

On the right side the pleura is healthy, with no diseased attachment to the bony case; anteriorly and posteriorly, then, there was no appearance of disease. The cavities of the heart were larger than usual, the valves all healthy. The sounds of the heart were always natural, but feeble; impulse slight. The action of the heart was always regular and slow; good circulation of extremities. Had great difficulty in breathing after the lung became affected, but not before.

REMARKS ON AMPUTATIONS.

BY DR. R. S. CONNOR.

(Before the Delaware State Medical Society.)

The speaker agreed in the main with the views expressed in the excellent paper just read, and was glad to hear again a good word spoken for the circular method of operating, a method that had for a time very largely fallen into disuse, but that had during the last few years been to a considerable extent regaining its former importance. Besides its advantages as set forth in the report, it had an additional one in that there was avoided the possible risk in the flap operation of locking the knife in the fragments of bone in cases of compound, especially gunshot fractures, an accident involving trouble and mortification to the operator, as the Doctor had himself seen.

He could not endorse the views of the reporter on the subject of the modified circular operation, believing it to be decidedly preferable to the ordinary circular, inasmuch as it prevented the formation of the projecting corners, that are both unsightly and annoying, sometimes having a positive influence in retarding the cure.

The objection to it that it increased the extent of cicatrizing surface, he could not regard as one of much weight. Certainly the best stumps that he had himself made, and the best made by others that he had seen, were by the modified circular method.

But, after all, the method of operating was generally determined by the necessities of the case and the prejudices of the operator. Unquestionably, in some localities the flap is decidedly preferable to the circular, and the speaker could not understand the preference expressed by some writers for the circular in the forearm and leg. As respected hip-joint operations, he must differ from the author of the report in his estimation of Lacauchies' method, for, in some cases hemorrhage, at the time of the operation, is the cause, ultimately, of the fatal result; and by Lacauchies' method the bleeding can be readily and very largely controlled by pressure upon the femoral, just below Poupert's ligament.

Respecting ankle-joint operations he felt compelled to express an unfavorable opinion, and would in his own person prefer amputation through the lower part of the leg. Between the Syme and Pirigoff operations he preferred the latter, for, if successful, the

stump is slightly longer and decidedly firmer; but, as expressed in the report, caries may be developed and a failure of the operation result in consequence. He had heard the great British advocate of the Pirigoff operation, Sir. WM. FERGUSON, maintain its value and advantages, and on the same day saw him compelled to re-open two carious Pirigoff stumps of his own making, and saw off slices of bone; in other words, make a secondary operation two months after the primary.

The speaker was disposed to consider favorably the idea of regarding the foot and hand each as a single structure, and amputating at whatever point might be necessary, without regard to the various articulations.

HOSPITAL REPORTS.

UNIVERSITY OF MARYLAND HOSPITAL, BALTIMORE—SERVICE OF PROF. J. J. CHISOLM.

Fracture in the Middle of the Humerus from Muscular Effort.

J. G., aged 32, a stout, healthy mechanic, a bricklayer by trade, presented himself at the Hospital to have his arm set for fracture in the middle third of the right humerus. The fracture was a simple one, easily diagnosed, nearly transverse, in direction, so that there was no lateral displacement, therefore no riding of fragments nor other deformity. The limb was much ecchymosed, both on the inner and outer side of the arm, leaving the whole region of skin over the biceps and triceps muscles white, in marked contrast with the discolored surfaces on the inner and outer sides of the arm, reaching from near the elbow to the armpit on the one side, and to the spine of the scapula on the other.

The following is the history given:—

"I am perfectly healthy, pursuing my daily avocation of bricklaying. Yesterday, having worked all the morning, I was returning to the building after my midday meal, when, in passing a brick pile, I took up a brick, and as I had often done before, in a playful mood, I pitched it at a fellow-workman who was standing on the opposite side of the street. Instantly I heard and felt something give way in my arm, and it fell to my side powerless and painful. I have never had syphilis, and consider myself a perfectly healthy man."

Cases of fracture of the long bones from muscular action are so very rarely met with, that cases as above cannot fail to interest our surgical readers.

MEDICAL SOCIETIES.

Proceedings of the Ohio State Medical Society.

(Reported for the MEDICAL AND SURGICAL REPORTER, by Dr. J. W. HADLOCK, Secretary.)

The Ohio State Medical Society met at Portsmouth, Ohio, June 11th, Dr. W. W. DAWSON, of Cincinnati, President, in the chair.

An address of welcome was delivered by Dr. A. B. Jones, of Portsmouth.

After some preliminary business, volunteer papers being called for, Dr. Bartholow announced a paper on "*Aneurism of the Basilar Artery.*"

Dr. E. Sinnet announced a volunteer report of "*Two Cases of Monstrosity.*"

Dr. Gay presented a pathological specimen, with history of case, of heart incased in bony formation. Remarks were made on the case by Drs. W. W. Seely and J. T. Whittaker. In answer to Dr. Bartholow, Dr. Gay stated that a specimen of the bony case had been subjected to microscopical examination, and found to be true bone.

The following named gentlemen were favorably reported on for membership, and unanimously elected:—Robert Wesley, Athens; D. T. Davis, Dayton; W. V. Peck, New Richmond; Thomas G. Vaughtera, Portsmouth; David Coleman, West Union; J. L. Wylie, Ripley.

The President announced the Committee on Finance, as follows:—Drs. Jones (of West Liberty), E. B. Stevens, D. D. Bramble, C. M. Finch, and E. Jennings.

In the afternoon the following names were presented for membership, and unanimously elected:—A. Andrus, D. W. Coffee, both of Westerville; B. F. Kitchen, Clay P. O.; James L. Taylor, Wheelersburg; J. A. Warren, Wheelersburg; W. A. Frizzell, Buena Vista.

A question here arose as to the status of members of this Society who came as delegates from auxiliary societies. On motion of Dr. Miles, the subject was referred to Committee on Medical Societies.

Dr. L. A. Grimes, of Concord, Ky., and Dr. C. Honacker, of Vanceburg, Ky., were here introduced, and invited to take seats with the Society.

The Finance Committee here made a partial report, recommending more rigid economy in getting out "*The Transactions*;" the Treasurer to have a salary of \$150 a year; the Secretary to have no salary, but his travelling and incidental expenses to be paid by the Society; annual dues to be \$3 a year. Report received.

Dr. Gray moved that the salary of the Treasurer hereafter be \$50, instead of \$150. Carried.

Dr. Kincald moved that the annual dues be fixed at \$2, instead of \$3, as recommended by the Committee. Carried. Report was then adopted.

Dr. J. B. Thompson here offered his resignation as Treasurer. Resignation accepted,

and Dr. Gray elected Treasurer of the Society.

The President announced the Committee on Medical Societies, as follows:—Drs. A. C. Miller, Miles, Wylie, Hough, and Hyatt.

Dr. J. B. Thompson resigned his place as Librarian, and Dr. Gray, Treasurer elect, resigned his place on the Committee on Admissions.

Dr. E. Sinnett moved that a vote of thanks be tendered to Dr. Thompson for his long and useful services as Treasurer of the Society. Motion heartily responded to.

REPORTS OF SPECIAL COMMITTEES.

Dr. S. Scovill, of Lebanon, having previously been announced, read a report on "*Nervous Transmission*." The report was elaborate, read with energy, and listened to with marked attention by the members of the Society. Remarks on the report were made by Drs. Whittaker, Hough, and Scovill; after which the report was received, and referred to Committee on Publication.

Dr. R. Bartholow read a report entitled "*Some Points in the Therapeutics of Electricity, Illustrated by Cases*." The report was well received, and listened to attentively by the members. Remarks on the report were made by Dr. Reed, who reported cases confirming the position taken by the author of the report on the value of electricity as a therapeutical agent. Drs. Hough, Whittaker, Miller, and Scovill, also made remarks touching the report. Report received, and referred to Publication Committee.

Dr. Landon moved that the Society take a recess until half-past seven o'clock in the evening. Carried.

EVENING SESSION.

Society called to order by Vice-President Dr. C. P. Landon.

REPORTS OF SPECIAL COMMITTEES CONTINUED.

Dr. A. T. Keyt read a report on the "*Se-miological Value of Yellow Elastic Tissue in Sputum*." The report, although lengthy, and occupying the major part of the evening in its reading, was listened to throughout with marked and critical attention by all present. Report received, and discussed by Drs. Bartholow and Whittaker; whereupon it was referred to Committee on Publication.

Dr. P. S. Conner read a report on "*Hernia Cerebri*." Referred to Committee on Publication.

The Society then adjourned, to meet Wednesday morning, at 9 o'clock.

SECOND DAY.

After some miscellaneous business the Committee on Medical Societies made their report, and resolved as follows:—

Resolved, That delegates representing Auxiliary Societies in good standing shall, upon satisfactory evidence, be entitled to take part in the deliberations of said State Society during the session for which they

were elected, but shall not be entitled to membership or other considerations unless they become a regular member of this Society, and pay the usual initiation fee.

ELECTION OF OFFICERS.

The following officers were elected for 1873:—

President.—Dr. A. B. JONES, of Portsmouth.

Vice Presidents.—Drs. A. Blymer, Delaware; J. D. Cotton, Marietta; W. J. Anderson, Newtonville; J. B. Hough, Ridgeville.

Treasurer and Librarian.—Dr. S. S. Gray, Piqua.

Secretaries.—Drs. J. W. Hadlock, Cincinnati; W. J. Conklin, Dayton.

Dr. J. B. Hough, from Special Committee, read a report on *Medical Chemistry*. Report received, and discussed by Drs. Conner, Kincaid, Scoville, Miles, Bing, Hyatt, Gordon, Reed and Fizzell. At the close of the discussion Dr. Hyatt introduced the following resolution, which was unanimously adopted:—

Resolved, That the sense of this Society is, that a better knowledge of Medical Chemistry, on the part of students preparatory to entering the profession is demanded, and that the profession of Ohio is pledged to the work of bringing about a reform in this department of medical education.

Dr. W. W. Seely read a report from Special Committee on "*Otology*." Report received and referred to the Committee on Publication.

Dr. Gay, of Columbus, presented to the Society specimens of wire gauze apparatus for treatment of fractures.

The President announced that owing to the amount of business before the Society Dr. Bartholow withdraws his paper on "*Aneurism of the Basilar Artery*."

Dr. A. Andrus read the report of a case showing the front surface of a body studded with tumors varying in size from a pea to a walnut.

Report received, and discussed by Drs. Dunlap—who reported a similar case—Hyatt, Miller, Bartholow, Sinnett and C. P. Landon.

Dr. Miller, with remarks, reported a case which much resembled the case of Dr. Andrus. Dr. C. P. Landon, having seen the case of Dr. Andrus, in consultation, gave it as his opinion that the tumors were due to scrofulous or tuberculous deposits. Dr. Bartholow spoke of the cases as possibly multiple adenoma which was known to be a very dangerous form of disease.

This view was doubted by Drs. Andrus and Wisler.

THIRD DAY.

Dr. Thad. A. Reamy exhibited an instrument of his own invention, for intra-uterine medication.

He thanked Prof. P. S. Conner for valuable suggestions, during the time he was preparing his instrument. At the close of his

remarks Dr. Reamy said he hoped the Society would accept this report in lieu of the report which he was posted to have.

Dr. G. S. B. Hempstead was at this juncture elected an honorary member of the Society. Dr. Hempstead retired from practice fourteen years ago, after having practiced forty-three years. He was one of the Original Members of this Society, was its President in 1835; and is now its oldest living member, having attained the advanced age of seventy-eight years.

The Finance Committee reported in the case of Dr. McClain, in favor of his reinstatement upon his paying into the treasury two-thirds of the amount he owes the Society. Report received and adopted.

Dr. J. T. Whittaker read a report from Special Committee on "*The Year's Contributions of Physiology to Practical Medicine.*" Report received and referred to Committee on Publication.

Dr. L. M. Jones, of West Liberty, read a report from Standing Committee on *Obituaries*, in place of the Chairman, Dr. B. B. Leonard, who was not present. Report received, and, after some remarks by members to the effect that the report was not complete, since it did not embrace a notice of all who have died of our number the past year, was adopted.

Dr. E. B. Stevens moved that a committee be appointed to report on the death of our late secretary, Dr. W. C. Hall. Carried. The President appointed Dr. Stevens as the committee.

Dr. C. A. Miller was appointed a committee to report on the death of Dr. Cary, of Salem.

Dr. Alex. Dunlap was appointed a committee to report on the death of Dr. Kyle, of Xenia.

Dr. A. B. Jones requested that his report from Special Committee on "*Relation of the Mental to Man's Physical Forces*" be read by title and referred to Publication Committee. On motion of Dr. Bing it was so read and referred.

A communication was here received and read by the secretary from Dr. George Mendenhall, embodying the following resolutions:—

Resolved, That a committee of five, of which Dr. Clendenin be chairman, be appointed to prepare a memorial to the Legislature of this State, on the subject of Public Health, in accordance with the resolution of the American Medical Association, presented by Dr. Thomas M. Logan, of California.

Resolved, That this committee co-operate with Dr. A. E. Jenner, in reference to the bill presented by him in the Senate of Ohio.

Resolved, That this committee shall prepare a suitable memorial, and have five hundred copies printed and distributed to the members of this Society for signatures; and draw upon the treasurer for the amount expended for same.

Dr. Miller stated that Dr. Joel Pomerine had a report ready from the Special Com-

mittee on "*Puerperal Convulsions*," but was unable to be present to read his report, and, therefore, requested to be continued on the same committee until next year. By vote of the Society Dr. Pomerine was continued as he requested.

President Dr. Dawson gave a synopsis of his valedictory address, which was well received. The subject was that of medical education. The annual wail and lamentation on that topic was not indulged in by the speaker; a more cheerful view was taken of the question. The speaker showed how rapidly we had advanced in that respect within the past twenty years; how our works on medicine were translated into foreign languages and read abroad. He also referred to the general diffusion of education by our system of public schools, and how they were auxiliary to medical education, by preparing the youth of our land with a thorough primary education.

On motion of Dr. E. B. Stevens the President's address was referred to the Publication Committee, with instructions to print.

After the delegates to other Societies had been appointed, and the various committees announced, the Society adjourned to meet in Columbus, on the second Tuesday in June, 1873.

J. W. HADLOCK, M. D., Sec'y.

Chenango County, N. Y., Medical Society.

The semi-annual meeting of Chenango County Medical Society was held at the Medbury House, in Sherburne, June 11th, 1873.

The Society was called to order by the President, Dr. HORACE HALBERT.

On motion, it was

Resolved, That in accordance with a suggestion of the State Society, a committee be appointed to consider the propriety of adding an article to the by-laws to provide for the preliminary examination of all persons proposing to study medicine and surgery previous to their admission as students into the offices of members of the Chenango County Medical Society.

Drs. George Douglas, E. S. Lyman and W. H. Stuart were appointed members of said committee.

The Society listened to the reports of the delegates to the several County and State Societies and the American Medical Association. The sanitary reports of different localities were attended with more than their usual interest. The epidemic of cerebro-spinal meningitis occurring since the last annual meeting of the Society, was fully and ably discussed. The presentation of cases, and general experience of the profession in this locality, seemed to teach that in the treatment of this truly most formidable disease the indications are to produce perspiration by the most available means, and to give tonics, stimulants and anodynes in large and oft repeated doses. The history of a number of cases of puerperal convulsions was given, in which the most happy results followed the free use of the lancet and the bromide of potassium.

An able paper was read by Dr. J. T. Jameson, on the treatment of anasarca following scarlatina. On motion, it was

Resolved, That the paper of Dr. Jameson be referred to the State Medical Society, with the request that it be published in the transactions of said Society.

Dr. E. S. Lyman extended an invitation to the members of the Society and all physicians present to take tea at his house at six o'clock P. M. On motion, the invitation was duly accepted. Attention was called by Dr. S. F. McFarland to a case of *placenta previa* which, at its fifth month, resulted in miscarriage, and also to a case of paralysis of the vocal cords, discoverable only by a careful use of the laryngoscope.

EVENING SESSION.

The Society met pursuant to adjournment and proceeded to Union Hall to listen to the semi-annual address delivered by Dr. Wm. D. Purple. The Doctor presented, in an able and forcible manner, his subject: "Medicine as a Science and an Art." The aptness of his illustrations and the clearness of his conclusions well deserved the careful attention of his audience, while his position as the oldest member of the Society gave additional weight to his advice to the younger members of the profession.

On motion, the Society adjourned to meet at the American Hotel, in Norwich, on the second Tuesday in October, 1872.

D. M. LEE, M. D., Secretary.

Tompkins County, New York, Medical Society.

The Tompkins County Medical Society met at Ithaca, New York, June 20th. The Society was called to order by President MOE.

Dr. S. P. Sackett read an interesting paper on

PROGRESS IN OBSTETRICS AND SURGERY.

In common with many others I now believe that we are able to do more to mitigate the pains of child-bearing with the use of medicine than was formerly done. During the past ten years I have given belladonna in small doses, daily, to pregnant women about two weeks previous to their confinement, and have observed its effects upon about 75 to 100 cases annually. I believe that it facilitates labor, perhaps, because it relaxes or renders inert the circular muscular fibres of the uterus. It should not be given too freely, as I think that it has had the effect in some cases of prolonging the period of utero gestation.

During labor, medicines are given to relieve pain more than formerly. Some use chloral, though I am not aware that its use is on the increase. One physician has suggested to me that it had the effect to stop flowing; it will be well for us to note carefully any such effect. The use of anaesthetics in obstetrics is probably not much on the increase; but those that have used them seem to be generally satisfied with the effect. Whisky and chloroform given

together internally are used and recommended, to what extent I am not prepared to say.

My own observation leads me to prefer morphine to any other agent for ameliorating the sufferings of labor. I am aware that it may justly be said to retard, in many cases, the progress of labor, but my observation leads me to conclude that in very many cases it may be given to the extent of evident relief to pain, without in any degree delaying the final favorable termination. Some have said that it makes the pains more efficient; perhaps it does where there is a rigid os; but it may be given with advantage in other cases. If I see a case but little advanced, and advancing quite slowly, so that it is likely to still last some twelve to fifteen hours, I would always give a dose of morphine, perhaps large enough to induce sleep, there would still be the same slow progress in the case, and finally a few efficient pains at the last would effect delivery at the time when it was likely to occur without the opiate, but the woman would suffer less and be less exhausted. I sometimes give morphine, one or two $\frac{1}{2}$ -gr. doses, where the pains are severe, near the termination of labor, rather with the design of a little present relief, and also of having the patient comfortable after the child is born. We should be not only anxious to deliver the woman, but also should be careful, if the constitution is weak, that the shock is not too great for the woman to bear.

Of the hypodermic injection of morphia I can say but little from observation, but I think that hereafter it will be frequently used. For example, in some cases a desirable state of quietude of the uterus was induced where the liquor amnii had passed, and it was desirable and necessary to turn and deliver the child.

My own opinion is rather favorable to the use of the forceps in many difficult cases. I am led to apprehend, however, that the danger of laceration of the perineum is increased by its use. I suspect that they are more used also than formerly by the profession generally. The paper published in our "State Transactions," written by Dr. C. C. P. Clark, upon this subject, is a useful and instructive one, and will have its effect upon the profession. Disregarding the directions of authors, he says that in conducting the blades along the pelvic passage, and in grasping with them the head of the foetus, we should disregard entirely the presentation, and have regard only to the curve of the vagina and the contour of the pelvic cavity. His opinions, at least, correspond with my own, and I am confident that old practitioners will generally indorse them.

I think that the use of the perforator, and the frequency of embryotomy, has been gradually reduced to a minimum in obstetric practice; but there has been an improvement in instruments used for the purpose. The cephalotribe of Assulin has been so much improved that by its aid, women whose pelvis measure but little more than

one inch in the conjugate diameter, have been safely delivered of children at full time. The cases, however, are so very rare where the use of these appliances are required, that it is scarcely possible that any of us will become adepts in the use of the *ecraseur*, saw, forceps, etc., which have been invented.

Dr. Braxton Hicks demonstrated, a year or two ago, that in cases where the child lays with its long axis crossways, version may be effected by combined external and internal manipulation; but I must confess that, however it may be with others, I have been obliged to introduce the hand into the uterus, and turn.

Cases of hemorrhage after parturition are now sometimes treated by the injection of a strong solution of the perchloride of iron, combined with carb. soda. I have not tried this, but I have sometimes made a tampon by wrapping a few grains of this drug in muslin, and the effect has been all that I desired.

Cases of dropsical accumulation during pregnancy, etc., are now said to be cured by the continued use of chlorate of potassa; to what extent it has been successfully tried I am not aware, but I shall probably use it hereafter.

Perhaps I should also mention bromide of potassium as a remedy, used with success, of late, in many cases of puerperal convulsions, also large doses of *veratrum viride* in the same disease.

I will briefly refer to some innovations in the practice of surgery.

Perhaps it is worthy of notice here, as relating both to the practice of obstetrics and surgery, that a case of rupture of the uterus is reported, where the life of the woman was saved by the abdominal section.

The practice of skin grafting, though new, is a successful mode of facilitating the healing of old ulcers, and should be adopted in suitable cases.

Hip disease is successfully treated by extension, in conjunction with such means as were formerly used, tonics, counter-irritants, etc.

Inverted toe nail is cured by compression with adhesive plaster.

Torsion of arteries is often successful in arresting hemorrhage, and is sometimes the preferable mode.

Amputation is sometimes performed upon a plan combining both the circular and the flap methods.

The standing posture is now said to be the best position for reducing an inguinal hernia.

In cases of retention of urine, where there is prostatic enlargement, the instrument invented by Dr. Squires, of Elmira, called the prostatic vertebrated catheter is a very useful one.

Gonorrhoea is successfully treated by the application of pounded ice to the perineum, but little medicine being used.

Carbolic acid is used as a local anæsthetic; after its application slight incisions may be made with comparatively little pain.

Cotton wool is regarded as among the best surgical dressings.

Dr. Nucomb, of Cornell University, and others, then entered into a discussion on the treatment of eclampsia. Dr. Nucomb gave it as his opinion that bleeding was only good treatment in patients of full habit of body; he further stated the prevalence of child-bed eclampsia (*eclampsia gravidarum parturientium*) in San Francisco, California, where he formerly practiced for a period of ten years. He said that he had seen no less than fifteen cases each year while in that city, in his own practice, and as counsel with other physicians. He claimed that climatic influence no doubt was the cause of the frequency of this disease on the Pacific Coast. His remedy was principally chloroform, and the recoveries were uniformly rapid with this treatment. He controlled the spasms for some two or three days with the anæsthetic, and found as a rule the case terminated favorably without any further medication.

Dr. Nucomb also reported a case of complete eversion of the womb. An ignorant doctor was in attendance as midwife, and the placenta not coming away as soon as he desired, pulled upon the cord so hard (the after-birth adhering to the uterus) that the womb was turned inside out. The husband knocked the quack down, and sent for Dr. Nucomb, who removed the placenta and reduced the womb to its normal condition.

Dr. Lewis then reported another case of inverted womb, in the town of Enfield, which was operated upon successfully by Dr. White, of Buffalo, after being turned out some six weeks.

Dr. M. M. Brown then gave the history of several cases of spermatorrhoea and impotency, which he had treated successfully with bromide of iron, bromide of potassium, and tincture of muriate of iron. He exhibited an ingenious apparatus for preventing nocturnal emissions, manufactured by a student who was afflicted with impotency. It consisted of a small block of pine wood covered with sheep skin, wool side out, which was placed upon the perineum. To either end of this compress was fastened a leather strap; to the strap in front was fastened another, one passing over each shoulder, then coming together in the middle of the spine, was fastened with a buckle to the single strap that passed up from the posterior part of the perineum. When an erection was taking place the patient claimed that he involuntarily straightened his body, and thus tightened the straps, and made compression on the arteries, thus preventing the flow of blood into the penis. The patient stated that it worked like a charm, and as long as he wore the appliance he was not troubled with emissions. Dr. Brown also reported his treatment for rupia and eczema, which had proved very successful. It consisted of fluid extract of *rumex crispus*, *pisissewa*, with iodide of potassium, syrup of sarsaparilla, with supporting treatment, viz., muriated tincture of iron,

quinia, etc. Local treatment: acid carbolio, tar, adeps, and simple cerate.

Dr. Farrington read an interesting paper on the application of new remedies in the treatment of diseases. He did not feel to give that credit to hydrate of chloral and carbolic acid that writers and authors of medical books did, but found in these remedies enough value to place them among the large list of excellent medical discoveries.

He had tried chloral in incontinence of urine, but no benefit resulted. It had been recommended as a topical application in painful diseases, but he had had no experience in its use. He would not recommend more than 15 grains to be given at a dose, as many cases had been reported as proving fatal where large doses had been administered.

The Doctor recommended raw beef as an excellent remedy in sickness of stomach in pregnant females. Also stated that he was favorably impressed with the use of hypodermic injections in case of enlarged tonsils. He made a solution of 2 grains iodine and 32 iodide of potassium, with aqua font. 1 ounce. He injected this, three times a day, directly into the tonsil. Had treated his own son successfully in this manner.

Recommended ipecacuanha as an excellent remedy in hemorrhage.

For chorea gave hydrate of chloral.

Recommended turpeth mineral (yellow sulphate mercury) in membranous croup.

Recommended ergotine for hemoptysis.

Painful menstruation and scanty flow relieved by sitting over aqua ammonia.

Dr. Fitch recommended as a hypnotic 12 grains bromide of potassium with 7 grains of hydrate of chloral.

Dr. Nucomb being called upon, gave a very interesting account of his experience in Oahu, one of the Sandwich Islands, in a small-pox epidemic. He stated that thousands of natives were vaccinated with rupia crusta, or scabs, and the result was fearful, causing many deaths, not only from the poison introduced into the system by the quack vaccinators, but from the ravages of variola, none being protected. He said many patients threw themselves into the streams throughout the Island when the fever set in, and it was common to see scores of dead in the rivers and along their shores. In this epidemic quite one-third of the population was destroyed by this terrible disease. He recommended thorough vaccination.

The meeting was one of the most interesting we ever enjoyed. Annual meeting the 19th of December next.

M. M. BROWN, M. D.

EDITORIAL DEPARTMENT.

PERISCOPE.

A New Method of Treating Hydrocele.

Mr. S. MESSENGER BRADLEY, F. R. C. S., Manchester, says, in the *British Medical Journal*:—While the various plans of treating hydrocele hitherto recorded possess the prestige of a high antiquity, they all alike suffer from being occasionally unsuccessful, or even hurtful, in their results. These objections hold good, though in a less degree, in speaking of the treatment by tapping and injecting the vaginal sac, which has practically superseded all other modes. This operation, first recommended by Celsus, who advised nitre as the best injection, fell into a long desuetude after his death, until revived by Monro the elder, and of late years popularized by Sir Ranald Martin, whose claim to originality lies in his choice of iodine as the most suitable stimulating agent. Other plans are, however, resorted to from time to time, either from their greater safety and simplicity, or from the occasional failure of the iodine treatment. Thus, briefly to summarize these methods, we have—1, treatment by acupuncture, recommended by Lewis, and still sometimes

adopted and found to succeed in cases of congenital hydrocele; 2, the mere application of an evaporating lotion, such as muriate of ammonia, vinegar and water, which, it is probable, has only been found of service by Keate, who, I believe, was the first to recommend it to the profession; 3, simple tapping, nearly always failing to effect a cure, and not always without danger, inasmuch as it is sometimes followed by a hæmatocele, or even sloughing of the scrotum; 4, laying open the sac, a plan approved by the fathers of medicine, but abandoned by their descendants of the present day; 5, excision of a portion of the tunica vaginalis, which has, in having been practiced by Albucasis, an almost equal antiquity with the one last mentioned, and has met with quite an equal neglect; 6, the plan of evacuating the fluid and introducing some caustic on the end of a probe, of which Paulus Aegineta writes in warm praise, and which, though occasionally adopted, as Humphry states, at the present day, is not likely either from its success or safety to become more general than it deserves; 7, the introduction of a tent into an open wound, as performed and praised by Pare, Baron Larrey, and others; and 8, the somewhat similar plan,

still, I believe, commonly practiced by the Arabians, who were the first to adopt it, of *passing a seton through the vaginal sac, and there retaining it for twenty-four hours*. It is likely enough that this operation would succeed in cases which resist all milder treatment, but, from the by no means trifling danger attending it, it should not be resorted to if we can equally achieve our object by a safer mode of procedure; and this, I believe, can be done, as I will endeavor to show.

It very frequently happens that a hydrocele must be treated, if treated at all, in the out-patient department of a hospital or at the surgeon's residence; that is to say, at a distance from the patient's own home. Now the disadvantages arising from this fact are, that the walk home after operation is apt to induce considerable and even dangerous inflammation, or that a hæmatocele ensues as the result, not necessarily of wounding the testicle, but of a dribbling from the scrotal veins, which are turgid from their dependent position.

Pondering these circumstances, and also reflecting upon the fact that the walls of pyogenic membranes, such as those of abscesses, sinuses, and the like, will often agglutinate when brought into firm and continued apposition; and remembering, at the same time, that the serous tunic of the testicle is, from its physiological nature, liable to take on adhesive action, and that, from the character of the secretion poured out in a hydrocele being inflammatory and not dropsical, it would even be prone to do so, I was led to the inference that simple tapping, followed by firm and equal strapping of the affected side, would probably be followed by an obliteration of the vaginal sac and a consequent radical cure.

It was not long before I was enabled to test the accuracy of this reasoning. A medical man applied to me with a large simple hydrocele, which had been tapped several times, and the last time injected with iodine without success. After explaining my object to him, I tapped the hydrocele, drawing off half a pint of fluid, and tightly strapped the affected testicle with soap-plaster. This was done at my own house, and the patient walked home, a distance of about a mile, immediately afterwards, and continued to go about during the process of recovery, which probably took place in about ten days; I say probably, as I kept up the pressure for three weeks without allowing the testicle at any time to remain unsupported. This case occurred eight months ago; since then I have followed the same course in three other instances, and in each with an equally satisfactory result. In no case was there any fresh effusion of fluid. Another case which came under my notice was of some interest in illustrating the advantages of strapping in what would beforehand appear quite unfavorable circumstances. A man came to consult me about a recent hydrocele of some magnitude; a tapped and emptied the tumor, but did not

strap it at the time, as there was a strong force of pediculi encamped in the pubic and scrotal hair; ten days afterwards he visited me again, having got rid of his unwelcome guests, but with his tunica vaginalis as much distended as ever. I again tapped him; but, though I do not think I wounded the testicle, which could be plainly enough seen at the back of the tumor, I did not succeed in drawing off any fluid worth speaking of; nothing followed, indeed, but a few drops of bloody serum. In three days he came again, with his scrotum larger than ever. The tumor had now, however, changed its character; it was no longer transparent and pear-shaped, but opaque and rounded; it had also become very heavy, and much more painful than it had ever been before. In other words, a hæmatocele had formed. Without the anticipation of much good resulting, I resolved to try the effect of strapping in this case; suffice it to say that this proved effectual, not only in causing the absorption of the vascular extravasation, but also in permanently curing the hydrocele.

Ringworm Caught from a Cat.

Prof. L. P. YANDELL, JR., M. D., Professor of Materia Medica and of Clinical Medicine in the University of Louisville, reports the following case in the *American Practitioner*:—

I was called in March to see the child of Mrs. M., aged ten years. Found upon head, neck, shoulder, and arms, a dozen or twenty circular, oval or crescent patches of tinea circinata. Mrs. M. was impressed with the belief that her child's disease had come from a pet kitten, upon whose body were a number of scabs. Within a week a similar eruption appeared upon Mrs. M., which still further convinced her that the disease was contagious, and had its origin in the cat. Strong carbolic acid was applied to the patches in both cases, which was followed by satisfactory cure. At the suggestion of Mrs. M. I examined the cat. Its belly presented a number of large favus crusts, having the peculiar granular character, cup-shape, and pathognomonic odor. The crusts were not of so deep a yellow as I have seen in the human subject, but were rather of a cream color. Upon removing them a raw, inflamed and depressed surface was presented. A portion of the favus crust from the cat was examined under the microscope by Dr. Kastenbine, and showed a most beautiful and distinctly developed specimen of the *achoreon schönleini*. I unfortunately failed to make a microscopic examination of the eruption on the child or mother.

The Antagonism of Fever and Cholera.

At a meeting of the London Epidemiological Society, the President, Dr. LAWSON, said: When a cholera epidemic approached a district in which fever was epidemic, cholera did not become general and frequent within

the fever field until the epidemic force of the latter was broken, and *vice versa*, fever, as an epidemic, did not penetrate a cholera field until the epidemic force of that gave way. Sporadic cases of either disease were often met with a long way within the limits of the field of the other, but they never became numerous until the epidemic force of the prevailing disease had much abated. In treating this subject, it was shown first, that as fever varied much from quarter to quarter, or ran from month to month, it was necessary to take it for periods short enough to bring out these changes, together with the concomitant differences in the frequency of cholera; secondly, as in an extensive district the diminution of fever and increase of cholera may take place at different points in succession, and occupy a considerable time from first to last; it is necessary to select areas so circumscribed as to present this change nearly at the same time over the whole; thirdly, as it was found that enteric fever followed a different course in its increase and decline from typhus and other fevers, and actually increased on many occasions along with cholera, it is requisite that the deaths from enteric fever be separated from those due to typhus and other fevers. To illustrate this question the deaths were taken from the quarterly returns for London for 1848-49, 1853-56, and 1865-68; and those for the principal Scotch towns for 1866, from the reports of the Registrar-General for Scotland. Up to 1868 the English returns included the deaths from all kinds of fever under the term typhus. To separate these into the two components noticed above, the admissions into the London Fever Hospital for the corresponding quarter and year were employed, and, as Dr. Murchison has shown that the percentage of deaths on the admissions in the typhus and enteric forms was almost identical, while very few deaths occurred in the fever hospital from other forms, the total mortality of London was divided between the two in proportion to the admissions to the fever hospital. Though this method be not altogether objectionable, yet, it is the only means available for the purpose, and it is believed it affords a fair approximation to the truth. In the Scotch towns the deaths are given under the designation of typhus, enteric, relapsing, simple continued, and infantile remittent. The typhus, relapsing, and simple continued have been taken together, also the enteric and infantile remittent. These will be indicated both for London and the Scotch towns by the terms typhus and enteric groups respectively. It was shown, that in London in 1848, and up to the second quarter of 1849, the deaths from the typhus group were evidently above the average, and that cholera did not attain great force until the third quarter of 1849, when the mortality from this group fell below it. In 1853 the deaths from the typhus group were high the first two quarters, and they fell considerably the last two, and in the fourth there was a little cholera. In the first two quarters of

1854 the mortality from this group rose again, and cholera almost completely disappeared, but in the third quarter when the fever mortality fell to half what it had been the previous one, a severe epidemic ensued. During the first three quarters of 1855, the typhus group caused a mortality about the mean, in the last it showed a disposition to rise, and during 1856 it remained high; at the same time cholera was prevalent in Northern Europe, but there was scarcely a trace of it in London. In 1865 and the two first quarters of 1866, the typhus group of fevers caused a mortality varying considerably, but in every quarter above the mean; in the last two quarters of 1866 this fell slightly below the mean, and was accompanied by the mildest epidemic of cholera experienced in this country. During 1867 and the first two quarters of 1868, the typhus group fluctuated about the mean, but in the third and still more in the fourth quarter of the latter year, the mortality from it increased; in 1867 there had been a considerable epidemic of cholera on the shores of the Mediterranean and in the South of Europe, which was to have been expected in this country in 1868; that year it will be remembered there were an unusual number of sporadic cases of malignant cholera in this country, but the disease never attained the development of an epidemic.

Reactions of Quinia and Morphia.

From an extract in the *American Journal of Pharmacy* we learn that Professor FLUCKIGER finds the practical limit of the reaction of chlorine water and ammonia upon quinia (green coloration) to be aqueous solutions containing about 1-5000 alkaloid. The brown coloration produced by the same reagents with morphia is visible in solutions of 1-1000 alkaloid, while the iodic acid reaction is observed in solutions ten times weaker. The coloration produced with morphia dissolved in 500 to 200 or less water will hide the green color of thalleoquin; but if the solution contains 1-1000 morphia and only 1-30.0 quinia, the green coloration only will be visible. In a mixture of quinia and morphia, the reactions of either alkaloid with chlorine and ammonia may be produced, depending mainly upon the amount of morphia contained in the solution.

Dangers from Cathartics.

Lately, at a meeting of the Clinical Society of London, Dr. BÄUMLER communicated a case of enteritis, illustrating the dangerous effect which in cases of this kind may follow the use of the mildest purgative even after all acute symptoms have subsided. The patient, a young man aged 22, was taken ill, after some irregularity of diet, with symptoms threatening peritonitis. There were great pain in, and extreme tenderness of, the abdomen, with some distension, besides high pyrexia. With rest and opium, these symptoms subsided in a few days; and on the sixth day of illness a furred state of

the tongue, slight tenderness in the cæcal region, and constipation, were the only abnormal symptoms remaining; pulse and temperature being quite normal, and the appetite returning. On the following day, the bowels not having acted for five days, and the descending colon being filled with solid feces, half an ounce of castor oil was given. No sooner had this commenced acting, than all the previous symptoms returned; the temperature again exceeding 102° Fahr., and the patient for some days being in a somewhat critical state. Gradually, however, the symptoms subsided. On the seventh day of this relapse the pyrexia declined, and the bowels, which had not been open since the action of the castor oil, moved spontaneously. From that day the recovery was uninterrupted. The President said that the question raised by the paper was, whether the contents of the intestine were more irritating than the medicine put into it for its removal. The latter appeared to have been so in the case before the Society.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Lectures on the Principles and Practice of Physic. Delivered at King's College, London, by Sir THOMAS WATSON, Bart., M. D., F. R. S., etc. From the fifth revised and enlarged English edition. Edited, with additions and numerous illustrations, by HENRY HARTSHORNE, A. M., M. D., etc. Philadelphia: Henry C. Lea; 1872. 2 vols., 8vo., sheep, pp. 880 and 992.

It is now about thirty years since Professor WATSON (for it was in his professional capacity that these lectures were originally delivered) published the first edition of this treatise on practice. The changes which have since then taken place in our views of pathology and physiology have scarcely been greater than the alterations in our therapeutics. Hence little remains in these two bulky volumes to remind us of the comparatively slender octavo of the first edition except the graceful and easy style of the writer, his luminous expositions of his convictions, and his characteristic fidelity of statement.

This is to its credit, for the frequent changes mean that the work has been brought up to the present position of science. As the author himself remarks, "the present edition would be worthless if it did not differ much from the last." And when we

add that the English edition has received a careful revision, not only by the author, but by his distinguished successor in King's College, Dr. GEORGE JOHNSON, and the American edition many additions from the able pen of Dr. HENRY HARTSHORNE, we have said enough to show that "Watson's Practice" is destined to remain as great a favorite in the future as it has been in the past.

The subjects treated at greatest length by the American Editor are Medical Thermometry, the pathology of croup, the causation and prevention of yellow fever and cholera.

Of the general character of Dr. WATSON's views of practice it is needless to say much. He represents the standard, moderate, orthodox school of English practitioners. He sedulously avoids all extremes and all hobbies. Of the two errors, he is more apt to retain the obsolescent than to endorse questionable novelties. Cautious and unenthusiastic, he is not a representative of the latest, though perhaps he is of the best school of therapeutics. He is not a nihilist in treatment, a mere believer in anodynes and expectation, as some other writers in the same field, easy to name, but has a positive and cheering faith in the value of drugs. Less diffuse and more critical than AITKEN; not quite so scientific, but with broader views of treatment than NIEMEYER; more definite and complete than FLINT, his is a work on practice which all physicians will find it to repay them to read and to own.

Spectrum Analysis Explained. Illustrating its Uses to Science, and including the theory of Sound, Heat, Light and Color. By Professors SCHELLEN, ROSCOE and HUGGINS. Boston: Lee & Shepard. Pamphlet, pp. 94. Price 25 cents.

This is one of a series of popular scientific brochures published by the above firm under the general title: "Half-hour Recreations in Popular Science." It aims to set forth in non-technical language the principal facts observed up to this time in the uses of the Solar Spectrum in qualitative analysis. It is chiefly founded on the larger work of Prof. SCHELLEN, noticed in these columns a few months since. Those who would acquaint themselves with the late progress and general results of this admirable method of investigation will do well to read the pamphlet.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 6, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

Quite too many of our subscribers, many of them old, personal friends, are in arrears on their subscriptions, aggregating a large amount of money that we ought to have in order to a vigorous prosecution of our enterprise. These parties are requested to settle their accounts immediately, or at least communicate with us at once—for, instead of at present further enlarging our edition to accommodate new subscribers, we shall resort to the expedient of dropping the unprofitable ones, and putting their bills into the hands of a collector. * *

THE NATIONAL HEALTH COUNCIL.

The attempt to organize a body of physicians whose duty it shall be to take the requisite precaution to insure the highest possible degree of national health, embodies, certainly, one of the grandest designs to which our science has yet aspired. The benefits which such an enterprise—if properly carried out—will confer on the whole nation, are simply incalculable, and whatever assistance can be rendered it by individual members of our profession should most heartily be done.

Last year a committee was appointed on the subject, the chairman of which was Dr. T. M. LOGAN, of California, now President of the American Medical Association. This year he submitted a report, some extracts of which we take pleasure in laying before our readers.

He thus explains the general object of the council:—

"Earnest, combined action, not only in, but out of the profession also, is what is wanted to secure to the great masses of the people the first conditions of a sound sanitary state; to arrest the propagation of infectious disorders; to prevent overcrowding in dwelling houses, and overtasking in schools and manufactories; to furnish an adequate supply of fresh air and potable water, and otherwise to provide against the new dangers to health and to life which the progress of population, consequent upon the increase of wealth, is continually introducing. Without extrinsic aid, however, it is believed that we can effect comparatively but little. The influence and moral power even of medical men are limited, and it is in fact impossible for those in large practice, with all the anxieties which such practice necessarily entails, to give to questions of a public nature the time and consideration their importance demands. What seems to be required, therefore, to meet the necessities of the case, is a thoroughly well organized department of health, connected with Government, under the surveillance of this association, and charged with the duty of superintending a sanitary system, to which our Municipal and State boards of health shall be subsidiary, just as our County and State societies are to this organization.

"Through the instrumentality of such State boards of health as are now inaugurated in Massachusetts, California, Minnesota and Virginia, a body of medical men will be provided for, who will thus be enabled to withdraw from the engrossing demands of private practice and to devote themselves to the special study of sanitary questions; and in order to secure a constant supply of competent physicians to this end, there should be instituted in our medical schools full and complete courses of instruction in State medicine."

Dr. LOGAN does not intend that the knowledge of medicine shall be kept as an

esoteric art, but takes the only true position, and that is, that the public must share in this instruction. These lectures, he says:—

"Might be open for the instruction of the public generally, and particularly school teachers, trained nurses and sanitary inspectors. This proposition can the more easily be acted upon because our knowledge of the whole subject is now not only sufficiently advanced and possessed of scientific accuracy, but is also of a character that lends itself with peculiar facility to popular exposition. One great difficulty which officers of health experience everywhere is, that they rarely obtain official information of epidemic disease, even in their own districts, until they see deaths registered against it, when it is obviously too late to adopt measures for prevention. Now, if the intelligent co-operation of the laity was secured, not only would the obstructive effects of present ignorance and apathy, to a great extent, be got over, but, by wise and active combination, we would be enabled to crush out, in their very incipency, those fearful infections which become almost uncontrollable if not checked in their very onset. There is no longer any doubt but that, whatever may be the vagueness of our conjectures or the strife of our controversies respecting the real nature of contagion, of air poisons or of marsh miasm—be they organic germs, capable of indefinite multiplication or proliferation, when once imbedded in an appropriate nidus; or be they new combinations of proximate principles generated out of death, decay and disintegration—sanitary science has, either by making their habitats untenable and incapable of maintaining their noxious life, or by chemically decomposing them as morbid matter, in many instances disarmed them of their terrors.

"Typhoid fever offers, perhaps, the most striking illustration of this position. Not only is the law of its propagation perfectly understood, but the excreta by which almost exclusively its deadly germs are sown throughout society are, on their issue from the body, entirely within our control. To disinfect these excreta has been found almost infallibly to prevent the fever from spreading. The same may be said in regard to Asiatic cholera. The subtle and volatile poison of scarlatina is disarmed of its virulence by guarding against its desquamative scales during convalescence. The limitation

of diphtheria, by precautions of a similar nature, in well ordered households at any rate, is a matter of the greatest certainty.

"Diffuse the discovery of the means of protection against these and many other diseases, which have been perfected under the vigilant outlook and investigation of combined chemical and microscopic detectives; extend what has been successfully applied to circumscribed communities, to States and to nations; let facilities for concerted action be established internationally through the instrumentality of governments, and the people will no more be decimated by those pandemic waves which have so often swept with cumulative impetuosity over the face of the earth. Utopian as the idea may at first sight appear of stamping out the great anti-sanitary evils which beget disease, still it would be taking a very limited view of the power of the human mind, and argue a strange obliquity of vision as to the lessons its triumphs in other fields are every day teaching us, to doubt our ultimate ability to do so."

He suggests that the meteorological and signal services be applied also to the study of epidemic influences, and that a daily interchange of observations be established.

"The important results that will follow when this labor of devotion to science shall be taken up and carried out from America to Europe, and the two continents made to exchange their daily records of disease and weather reciprocally, may be imagined, but cannot be conceived in their illimitable applications. Not only will storm-currents be indicated hours, if not days, in advance of their actual presence, but all the meteoric and other phenomena attendant upon the appearance of diseases will be noted and heralded, so that the progress of the latter may be combated in their small beginnings, before they gain a foothold in the land, and thus, while from the concomitant observations of an expanded horizon the origin and advance of epidemics will be made more apparent than they now are, so will their latent relationship to some great cosmic or telluric laws be probably discovered."

The magnitude of this scheme is commensurate with its importance, and when we have it in full operation we may confidently rely on a subjugation of some of the most fatal opponents of health.

* THE MORTALITY OF CITIES.

Nothing so clearly indicates the importance of enlightened municipal government, especially in those departments which are concerned in the sanitary welfare of the inhabitants, than the effect upon the mortality of the population. The better governed a city, the lower its mortality, and *vice versa*.

The death-rate of various cities of the world during 1870 is as follows, the figures indicating the number of deaths per every thousand of population: Montreal, 31.5; Liverpool, 31.1; Vienna, 29.8; New York, 28.8; Manchester, 27.8; New Orleans, 27.58; Edinburgh, 26.3; Baltimore, 25.65; Chicago, 24.5; Boston, 24.55; Brooklyn, 24; London, 24; Philadelphia, 22.72; San Francisco, 21.57; St. Louis, 21.3; Cincinnati, 18.39, and Bombay, 18.2.

These figures, however, can only be taken approximately. Comparing the weekly returns during the past few months, New York, for instance, makes by no means so favorable a show. The weekly rate of mortality in New York is 68 deaths out of each 100,000 people, that of Paris is only 42, and that of London only 39. For the week ending May 18th, London, with a population of 3,251,800, had 1268 deaths; and Paris, for the week ending May 25th, had 812 deaths, out of a population of 1,980,000; while New York, for a corresponding period, with a population of 942,300 lost 646 of her inhabitants by death. Whence comes the higher rate of mortality in the latter city? The answer is found in the dirty condition of the streets, the culpable neglect of proper sanitary measures, the fast habits of life, the free use of the pistol, the knife and the bludgeon, the gulping down of victuals and drink at railway speed, without allowing any repose to the system after it, the incessant strain on the mind and the passions, and the undue wear and tear of the body in the daily whirl. These are the active agents in keeping down the population of New York. Each of them would furnish matter for a

discourse, as it has done a thousand times, and will do, it is to be feared, a thousand times more.

The ignorance and negligence of the New York Board of Health is shown conspicuously in the fact that it refused to print the report of one of its most efficient sanitary inspectors, Dr. R. TAUSZKY, because that report showed that out of six hundred complaints he had made of violation of the health regulations, hardly any had been attended to by the Board. This conduct he justly stigmatizes as "shameful dereliction of duty."

Another fruitful source of ill health is the entire want of attention shown by architects and builders to the sanitary requirements of healthy homes. The proper ventilation of public buildings and private dwellings is too frequently sacrificed to external architectural beauty, or entirely overlooked. It is well known that whatever renders the air impure makes the blood impure, and whatever makes the blood impure tends to originate and foster consumption and other pulmonary diseases. All rooms, public or private, should have a current of air passing through them. But who does not feel exhausted after sitting for two or three hours in a crowded theatre, concert room, or public meeting, especially by gas-light, in our large cities, and simply because this salutary necessity is not attended to?

It would be no exaggeration to say that a proportion of the mortality of cities is owing to the constant frequenting of crowded assemblies, balls, places of amusement and of public resort, where the air is oppressively hot, and almost entirely exhausted of its oxygen; and then, when the lungs are thus enfeebled, the stepping out into the open air, if it happens to be cold or chilly, as is the case ten months out of the twelve, produces a violent reaction, which is equally dangerous.

The whole of our domestic architecture should be reconsidered from the point of view of health, and not altogether studied from a mistaken notion of "comfort," and a foolish vanity of display.

NOTES AND COMMENTS.

Correction.

Dr. WILLIAMS requests us to make the correction in his article, on page 524, second column, second line, of "chemical," instead of "criminal."

Epithelioma Cured by Creasote.

A noteworthy case is reported by Dr. FORNÉ, in the *Montpellier Medical*, of last February, showing the excellent effect of topical applications of creasote in epithelioma. A sailor, twenty-four years of age, presented himself, with an ulcer on the cutaneous border of his upper lip, about four centimetres in diameter. The tissues were perceptibly indurated in its vicinity, there was a severe itching pain, and there was no trace of syphilis. After two days' observation the ulcer was increasing, and was pronounced epithelioma.

Treatment was commenced by dipping a brush in pure creasote, and having removed any that might drop, the whole surface of the ulcer was lightly but firmly touched with a brush, a certain degree of pressure being used, and the brush retained on the same point a few seconds, so as to insure a thorough application. A piece of lint moistened in a gummy solution of creasote was then laid upon the ulcer. The application caused but slight pain.

Three days subsequently it was found that the ulcer had not increased. The application was repeated in the same manner, and five times afterwards at about the same interval. Cicatrization then commenced and proceeded rapidly, being favored by a dressing of thin paper moistened with a solution of creasote. Entire recovery took place about six weeks after the treatment was commenced.

This method deserves to be tried in similar cases.

Spontaneous Cure of Fibroid Tumors of the Uterus.

Several cases of resorption of fibroid tumors of the uterine walls are collected and reported by Dr. GUENIOT, in the *Bulletin de Therapeutique*, March 30th, 1872. There can be no doubt of the correctness of the diagnosis in these cases, but the causes which determined the resorption of the abnormal deposits are unknown. He shows conclusively, however, that the chief modification which the tumors underwent

was a change of their substance into fat—a fatty degeneration. This is strictly analogous to the physiological course which brings back the hypertrophied uterus to its normal size after child-birth. It also recalls the experiment of CLAUDE BERNARD, when he brought about resorption of the pancreas by means of fatty injections.

These considerations suggest two therapeutical plans by which these tumors can be made to disappear. The one is by injections into their tissues, a surgical method which promises well, but which has not yet been sufficiently investigated to pronounce upon it positively. The other is by the internal exhibition of those drugs known as steatogenics or fat producers, such as arsenic, phosphorus and lead. In view of the very unsatisfactory condition of the therapeutics of these tumors at present, these suggestions merit consideration.

On Centenarians.

Lately Sir DUNCAN GIBB, Bart., M. D., read a paper "On the Physical Condition of Centenarians." His remarks were founded upon an examination of six genuine examples, in whom he found the organs of circulation and respiration in a condition more approaching to the prime of life than old age. There was an absence of all those changes usually observed in persons reaching seventy years; and in nearly all the special senses were unimpaired, the intelligence perfect, thus showing at any rate the complete integrity of the nervous system. The author's views were opposed to those held regarding the extreme longevity of centenarians. In the discussion which followed, Mr. E. WALFORD pointed out that the statistics of tontine associations placed the fact of centenarianism, which the late Sir G. C. LEWIS had disputed, beyond the possibility of doubt.

Treatment of Diabetes Insipidus.

M. GUENEAU DE MUSSY, in a clinical lecture at the Hôtel-Dieu, recommends the administration of full doses of belladonna, and sulphurous baths, in the treatment of diabetes insipidus. He has twice found belladonna to accidentally produce anuria. Its use in incontinence of urine is well established. Systematically employed in diabetes insipidus, it has diminished the quantity of urine passed from ten pints to two pints per diem. The sulphurous baths bring the skin to the relief of the kidney.

Elimination of Nitrogen.

The Rev. Dr. HAUGHTON found no increase of urea during severe exercise. Dr. PARKES also finds that moderate exercise on a mixed diet has little influence on the excretion of nitrogen or on the temperature. It causes temporary quickening of the pulse; but this is succeeded by corresponding slowness, so that the mean pulse-rate during the day remains the same. The elimination of nitrogen is increased during the period of rest after severe exercise. The muscles can obtain the energy required for great exertion from fat and starch, though certain changes in their nitrogenous constituents also occur which give rise to increased elimination of nitrogen after the work is over.

Delicacy of Trommer's Test.

From some experiments Dr. MALZ has found that one part of sugar can be detected by this test in 5000 of water; but, in a quantity of urine equal to that of the water, twenty or thirty times the amount of sugar could not be detected. The cause of this is the kreatinin, and still more the urinary pigment, which redissolve the oxide precipitated by the sugar. Ammonia and ammoniacal salts do not hinder the reaction, but set. ylamín does. He recommends that the urine to be tested be first decolorized by digestion with animal charcoal, and then copper sulphate added to the mixture of urine and potash till a little remains undissolved; and the separation of oxide to be quickened by adding to the boiling fluid as much zinc oxide as will lie on the point of a knife.

"Ozonized Water."

The *Druggists' Circular* says about this new preparation:—Ozonized water, which has been repeatedly branded by Hager as a swindle, has been examined by Prof. Boettger (Ph. Cent. Halle, 1871, 489), who found it to contain a little nitrous acid, and by Dr. Albert Kremer (*Ibid.*, 1872, 2), who found a sample to contain a trace of binoxide of hydrogen, but no ozone.

Surgical Manners.

Dr. STROMEYER said, in his recent lecture: After having been in London, I happened to be in Paris at a time when Lisfranc was thundering against Dupuytren, whom he used to call "le barbare de la Seine," as a sample of good feeling amongst the profes-

sion there. It is one of the great advantages of traveling and of seeing eminent men of other countries that, by observing them in their activity, one may acquire a better notion of their character. Their writings excite greater interest, because we are inclined to give them greater credit. I always admired the simplicity of style in English authors in general, and of surgical writers in particular. Sterne ridicules the pompous style by mentioning the expression of his French barber about the solidity of a new wig: "You may immerse it into the ocean." An Englishman, says Sterne, would have preferred a pail of water. To avoid the barber's style I took precious good care never to say ocean, when I meant a pail of water.

What Causes Cholera?

The latest theory is that of Dr. SEIPIO GIORDANO, of Turin. It is, he thinks, a vegetation analogous to the *mucedo*, and proceeds from the Ganges region, and it nourishes on the mucous membranes. With this idea, he considers that it should be treated by sulphur. Sulphur is little used in practice, except in treating itch. But Dr. GIORDANO thinks it should be used in small doses in many other diseases. He proposes it as a prophylactic in cholera, not as a cure. A little may be snuffed up the nostrils, combined with camphor and charcoal. But that it may sometimes be a purely nervous phenomenon seems shown by the following true story, one of a hundred such we could tell:—

When, some years ago, the cholera was prevalent at Newlyn, a fishing village near Penzance, intercourse was forbidden between the two places. One day a man entered the shop of a barber in Penzance, and was shaved. On leaving, some one who had recognized him asked the barber if he knew whom he had been shaving. He replied he did not. "Why, he's a man from Newlyn!" It was enough. The terrified barber was seized with cholera, and died within twenty-four hours.

The Arabian Physicians.

Medicine owes much to the old Arabian teachers. Their learning was introduced in all the schools of Europe. Avicenna was born in Bochara, in 980, and his *canon medicinal* was used in the medical schools of Spain until the day when the Jews taught it in Montpellier. In the twelfth century

seventy libraries, and as many schools, opened their doors to the Spanish Arabian population. Albucasis and Averroes, the latter a native of Corduba, flourished at that time. In the thirteenth century Ebn Beitar, a native of Malaga, established an important botanical classification. There can be no doubt, then, that pharmacy, as it now exists, is indebted to the Arabs for the progress made in the science. The Arabs, as a certain sect, founded the profession of apothecary, separating it from that of medicine. It is sufficient to mention the discovery of the mineral acids, sulphuric, nitric, and hydrochloric, to show that they were the founders of modern chemistry. In anatomy and physiology, however, they knew no more than what is contained in the work of Galen.

Color Blindness.

At a recent meeting of the Boston Society of Natural History, the methods of testing patients for color blindness, and for loss of the power of color perception, were explained. An instrument, invented in Germany, for testing color blindness, was exhibited and explained. This instrument consists of a rotating apparatus, which moves a disk whose centre is a circle, one-half black and the other white; outside of this is a ring half red and half green, then another ring of violet and red, then the outside ring of violet and green. When rapidly rotated the centre appears to be colored gray, that is, black and white mixed. To a green blind person the middle ring will appear gray, that being the result to him of a mixture of violet and red. The outer ring will appear gray to the red blind patient, and the inner gray to the violet blind. By the use of this instrument it is evident a large number of patients may be simultaneously examined for one or more kinds of color blindness.

The External Use of Chloral.

A contributor to the *REPORTER* recently called attention to the external use of chloral. Recently Dr. MANESCO ACCETTELLA has instituted, says the *Gazetta Medica Ital. Lomb.*, a series of experiments as to the use of this preparation in the cure of venereal ulcers. He says: While busying myself with similar experiments, LEIBREICH published his observations on hydrate of chloral

as actively hypnotic and anæsthetic. From that time I commenced to adopt that preparation as a local remedy, in concentrated solution, upon ulcers of such ancient date that neither the acid nitrate of mercury, nor the carbo-sulphuric paste, nor other efficient caustics had been able to effect a cure. The effects greatly exceeded all my expectations. After the first application the deep parts of the ulcer became detached, healthy and normal granulations sprang up, and the ulcer was transformed into a simple sore, with the usual tendency to cicatrization. In sixty-nine cases in which I applied chloral topically, the following results were obtained: seven ulcerated and obstinate abrasions healed in nine to sixteen days; forty-nine soft ulcers in from eight to fourteen days; three soft ulcers, complicated with diphtheria, in eighteen to twenty-nine days; five soft ulcers, complicated with phagedæna, in twenty-four to thirty-two days; five primitive infectious ulcers, in fifteen to twenty days. Among the cases of phagedenic ulcers it is necessary to note two which, for twelve or fifteen months, had resisted all local and general treatment, although the two women affected had the most fresh and florid constitutions. The solution employed was as follows: Chloral hydrate, five gram.; aqua destil., gram. twenty. This, applied with a pencil to the ulcerated surface, slightly cauterizes, without producing discomfort to the patient. After two or three applications, all unhealthy appearance at the bottom of the ulcer disappears, and the sore presents a bright redness which soon produces the most healthy granulations.

Treatment of Myopia.

After Donders the following is of bad influence upon myopic eyes: Pressure of the muscles upon the eyeball, when the axis of vision is very convergent, then increased intra-ocular pressure and congestion of the posterior parts of the eye. Blood-letting was recommended; but Dobrowsky proved theoretically and practically that instillation of atropia (one part to one hundred and twenty of water, once or twice a day) has the best effect on myopia. Spasm of accommodation of the eyes preceded the myopia; this is curable by atropia. Every myopic young person under this treatment for eight or fourteen days, once or twice a year, can preserve good sight.

CORRESPONDENCE.

Poisoning by Stramonium.

EDS. MED. AND SURG. REPORTER:

I was called to see ROBERT GARNHAM about half-past eight on Saturday evening, the 6th of April. I ascertained from the parents that the boy had been brought-home about an hour previous; that he was totally unconscious; had vomited several times before reaching home, and that some larger boys had kicked him about the head and stomach. Could not learn that he had partaken of anything poisonous.

On examination, I found him lying in a comatose condition, breathing heavily and stertorously, blowing at each expiration, but normal as to frequency; a black frothy mucus issuing from the mouth; pupils dilated and fixed; no perceivable impression made upon them by a light held within two or three inches from the eyes; pulse quick and intermittent, ranging from 135 to 140 beats per minute; a cold, clammy sweat covered the entire surface of the body. Could discover no marks of violence about the head or body. Saw the case next morning about an hour before death, which took place at 9 A. M., Sunday. Learned the child became delirious during the night, desired to get out of bed, but never uttered a sound. The delirium was of short duration, however, and he soon relapsed into the condition as when first seen.

AUTOPSY MADE NINE HOURS AFTER DEATH.

External Appearance.—Rigor mortis; hypostatic congestion; a bloody, frothy mucus issuing out of the mouth. There were no marks of violence externally.

Internally.—Brain membranes very firmly adherent to the cranial bones; pia mater slightly congested; brain substance also slightly congested.

Thoracic Cavity.—Heart and lungs normal as to position; lungs healthy and crepitant; firm pleuritic adhesions over the entire right lung (old). Heart of normal size, valves intact and healthy.

Abdominal Cavity.—Liver and kidneys healthy; gall bladder somewhat distended; spleen healthy; œsophagus healthy, two dark seeds found in its upper portion; stomach and bowels normal as to position. Stomach distended with a dark-colored fluid containing a large number of dark seeds,

slightly congested at its cardiac extremity; small intestines somewhat distended, and contained a light-colored, semi-consistent mucus; a few seeds were found in the small and large intestines; bladder about half-filled with urine.

Could discover no evidence of violence internally. F. BRUNNING, M. D.

Cincinnati, O., April 12th.

Case of Cerebro-Spinal Meningitis.

EDS. MED. AND SURG. REPORTER:—

The following case may have interest to your readers:—

EMMA HESS, aged ten years, was taken suddenly ill on the 26th of April last. She had a chill in the morning, and I first saw her in the evening. The symptoms on my arrival were as follows: Skin cool and covered with purple spots all over, but most numerous on the feet, hands and chest; pulse soft, and eighty per minute; respiration natural; nausea and vomiting prominent; pains referred to the spine, and severe headache; bowels confined. Prescribed:—

R. Hydrargyri chl. m.,	gr. iij.
Rhei.,	gr. x.
Ipecac.,	gr. ½. M.

To be given at once, and if bowels do not move in four hours, give sulphate of magnesia, which was found necessary. Also gave citrate of potassa, with spt. eth. nit.

27th. Patient had two spasms and two tonic contractions of the muscles of the neck, causing opisthotonos; vision double, and by spells entirely gone; pupils somewhat dilated; pains shifting, sometimes in the head, then in the arms, limbs and chest:—

R. Quin. sulph.,	gr. j½.
Opii,	gr. ½.
Ipecac.,	gr. ½.

To be given every four hours, and 15 grs. bromide of potassium between each of these powders.

28th. Patient had six spasms; delirium quite active; partial deafness, and head strongly retracted; takes no nourishment. Treatment the same, with the addition of 1 gr. of calomel to powders, and bromide increased to 20 grs.

30th. Patient has had in all twenty-five spasms, and now a most craving appetite; calls constantly for something to eat, and eats ravenously anything that is brought.

One gr. opium, with ½ of ipecac. every four

hours; bromide omitted, and the following liniment to the spine:

R. Tr. aconit. fol.,	
Chloroform,	
Aque ammonise,	
Tr. opii,	aa f. 3ss.
Acid. carbolic,	gr. xx.
Glycerin.,	
Spt. camph.,	aa f. 3j. M.

May 3d. Hyperæsthesia of skin so great that the slightest touch causes pain, but in other respects there is improvement; no spasms within the last twenty-four hours, and craving appetite gone.

May 7th. Convalescent, and all the senses restored.

REMARKS.—I attribute the restoration of this patient principally to opium, and think it should have been given more freely in the outset. I omitted to say that this patient, like all others that I have seen suffering from the disease, was fretful and very impatient. She was, as WRAXALL would say, "irritable, and even irascible." This is a symptom very generally present in spotted fever, but I believe a favorable one.

Causation.—I believe this affection is always brought about by free perspiration being checked suddenly. A few years ago I gave the clinical history of twelve cases, all of which were traced to like causes.

The present case, EMMA HESS, played actively the day before she was taken ill, causing free perspiration, and then reposed upon the damp ground until cooled off.

This would arrest the action of the skin suddenly and repel the circulation from the surface to the internal organs, causing in these instances a congestion of the base of the brain and meninges of the spinal cord, and thus give us the terrible disease, cerebro-spinal meningitis. A careful inquiry into the etiology of this affection will, I believe, in all instances develop causes similar to the above.

J. K. HOLLOWAY, M. D.

Akron, O., June 22d, 1872.

NEWS AND MISCELLANY.

Medical Society of Sullivan County, N. Y.

The Sullivan County Medical Society, at its annual meeting, held in the village of Monticello on the 12th of June, elected the following officers:—President, Dr. EDWARD F. QUINLAN; Vice President, Dr. William Braud; Treasurer, Dr. Isaac Purdy; Secretary, Dr. David H. Decker.

The Society passed the following resolution:—"That every regular physician practicing medicine in the county of Sullivan is expected to join the Society, and in default of fulfilling this obligation, after due notice, will forfeit all claims to professional recognition from its members."

Patents Issued.

List of medical patents issued from the United States Patent Office to United States inventors, for the weeks ending June 11th and 18th, 1872, and each bearing those dates. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C.

11th.—Medical Compound for Treating Piles—John W. Ward, Lowell, Ohio.

Medical Compound and Disinfectant—Joseph Walton, Newark, Ohio.

Medical Compound for Treating Ringworm, etc.—Philip Roskopf—Brooklyn, E. D., New York.

18th.—Preparation for the Hair—Norman T. Ormsby, Chicago, Illinois.

Medical Compound—Milton H. Campbell, Syracuse, New York.

Medical Compound or Bitters—Elizabeth Phillips, Peoria, Illinois.

Medical Compound—Julius Cahn, Selma, Alabama.

Medical Education of Women.

The admission of women into the ranks of the medical profession in Germany appears to have commenced. A young woman recently presented herself before the Faculty of Medicine at Munich for examination for a license to practice as dentist. Being refused, she went to Erlangen. The question was here referred to the Government, who at once authorized the examination, on the ground that it was absurd to exclude a person desirous to submit herself to authorized professional tests of ability by reason of her sex. The young woman triumphed, and, the German journals add, is likely to find immediate imitators.

Burn Brae.

On Thursday last, by invitation of Dr. R. A. Given, a number of the medical men of Philadelphia visited and carefully inspected the institution known as *The Burn Brae*, a private hospital for mental affections, situated near the West Chester Railroad, about seven miles from our city.

The guests were handsomely entertained by Dr. Given, and afterwards assembled in the beautiful grove fronting the institution. Here, true to the American fashion, they organized a meeting, by calling on Dr. Wash. L. Atlee to act as Chairman, and Dr. Wm. B. Atkinson as Secretary.

After speeches by Dr. J. L. Ludlow and others, a committee was appointed, consisting of Drs. T. G. Morton, J. J. Reese, and W. W. Keen, to prepare a resolution expressive of the sense of the meeting.

The Committee offered the following, which was unanimously adopted:—

Resolved, That we have derived much gratification from our inspection of Burn Brae, the beautiful and commodious establishment of our friend and professional brother, Dr. Given, and we believe it to be eminently adapted to the treatment of the class of patients for which it is intended; and we do cordially recommend the Institution as a most desirable residence for those suffering from mental affections.

Dr. Reese then offered the following, which was also adopted:—

Resolved, That we entertain a most grateful and appreciative sense of the very elegant entertainment by our genial host, Dr. Given, and we offer him our acknowledgments for the same.

After having spent a delightful afternoon, the party, about thirty in number, returned by the evening train, again to resume the cares and anxieties devolving upon the honest and conscientious physician.

Protection Against Accidental Poisoning.

The College of Physicians of Philadelphia adopted the subjoined preamble and resolution, and have communicated the same to the American Medical Association, lately in session in this city, by which body they have likewise been adopted. They have also been communicated to several pharmaceutical societies, with the request to consider them:—

"Whereas, Cases of accidental poisoning, and of the internal administration of medicines intended only for external use, are so frequent; and

"Whereas, Every possible safeguard should be employed to prevent such accidents; therefore

Resolved, That it is recommended to all druggists to place all external remedies in bottles not only colored, so as to appeal to the eye, but also rough upon one side, so that by the sense of touch no mistake shall be possible, even in the dark; and that all bottles containing poisons should not only be labelled 'poison,' but also with another label indicating the most efficient and convenient antidote."

Cerebro-Spinal Meningitis in Palestine.

DR. SANDRECKZY, Physician to the German Hospital in Jerusalem, writing in the *Berliner Klin. Wochenschr.* of May 13th, remarks that it is generally said that cerebro-spinal meningitis does not occur in the East, or, at least, that it has not been observed there. Within the last few weeks, however, he has for the first time met five cases in hospital and one in private practice. The patients were all young, apparently aged from 10 to 15; three were males, and three females; two died, and two were still under treatment. Regarding the prevailing atmospheric and other influences, Dr. Sandreckzy says that the winter was very rainy; that the *sirocco* or *simoom* set in earlier than usual in the spring, and was

followed by alternations of heat and east and south winds, with cold north and west winds. The condition of the population from which the cases came was miserable, on account of last year's drought and scanty harvest.

The Hotel Dieu, Paris.

The buildings of the new Hôtel Dieu, the construction and plan of which have been so much condemned, are still to be used for the purposes of a hospital, and they will not be converted into barracks, as was at one time contemplated, we believe, by the Imperial Government. The completion of the buildings is at hand, and it is expected that the new hospital will be ready for the reception of patients before June of next year. The wards are lofty, and ample cubic space will be allowed. Wards of about one hundred and fifteen feet long and twenty feet broad are to contain sixteen beds, eight on each side.

The Consumption of Alcohol.

The proof spirits distilled in Great Britain and Ireland during 1871 amounted to 30,855,035 gallons, of which 13,818,062 gallons were distilled in Scotland, 9,303,253 in Ireland, and 7,739,720 gallons in England. The proof spirits consumed in Great Britain and Ireland in 1872 amounted to 24,163,644 gallons, of which 12,874,372 gallons were consumed in England, 5,671,477 gallons in Scotland, and 5,617,644 gallons in Ireland. The duty derived from this source amounted to \$60,409,110.

A medical college for women is being erected in India by a Mohammedan Nawab.

MARRIAGES.

BOOTH-MACLAY.—By Rev. J. O. Hough, May 16th, at the residence of Dr. C. B. MacLay, Mr. C. L. Booth and Miss Siddle MacLay, all of Delavan, Ill.

CLEGG-EDGAR.—At Trinity Church, New York, June 27, by Rev. W. W. Holley, Charles A. Clegg, of Dayton, Ohio, and Mary Seguire, daughter of Dr. D. A. Edgar, of Staten Island.

CORTLEYOU-TOWNSEND.—June 20, at St. George's Church, Newburg, N. Y., by Rev. Dr. Brown, Dr. L. V. Cortleyou and Carrie, youngest daughter of the late William H. Townsend.

DURYEE-HALL.—At Newark, N. J., June 27, by Rev. E. P. Terhune, D. D., Miss Amy J. Hall, daughter of A. A. Hall, Esq., of Newark, N. J., and Dr. John L. Duryee, of Champlain, N. Y.

JAMES-TOWNSEND.—In the Second Presbyterian Church, Rahway, N. J., June 19th, by the Rev. J. A. Liggett, assisted by the Rev. David M. James, of Bath, Pa., Hiram H. James, M. D., and Fannie B., daughter of the late Jonathan Thompson, of Rahway.

DEATHS.

DOWDELL.—At the residence of his mother, near Independence, Kenton County, Ky., June 15th, 1872, Dr. J. L. Dowdell, aged 25 years and 3 months.

GILLESPIE.—On the morning of June 23, John E. Gillespie, Assistant Surgeon U. S. N.

JACKSON.—At Rockaway, N. J., June 29, Fannie McCarty, wife of Dr. John W. Jackson.

RICHARDS.—At Washington, Conn., on June 23, 1872, Dr. J. Huntington Richards.